



STATE OF TENNESSEE
DEPARTMENT OF LABOR AND WORKFORCE DEVELOPMENT
BOARD OF EMPLOYEE ASSISTANCE PROFESSIONALS
LABOR STANDARDS DIVISION
ANDREW JOHNSON TOWER, 2nd FLOOR
710 JAMES ROBERTSON PARKWAY
NASHVILLE, TENNESSEE 37243-0657
(615) 741-2859

EAP INTERN SUPERVISION

Intern's Name: _____

Supervising LEAP(s): _____

After the intern has completed his/her supervised hour(s), please document below.

Initials of LEAP	Date (mo./day/yr.)	Hours	Individual	Group	Initials of Intern

Total number of hours: _____